

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 634

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>5302</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville Clark</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russellville Clark</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>AMY</u>		b. (Middle) <u>ELLA</u>		c. (Last) <u>ENLOE</u>	
4. DATE OF DEATH		(Month) <u>JAN.</u>		(Day) <u>17</u>		(Year) <u>51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>MAR. 2-81</u>	
9. AGE (In years, months, days) <u>41</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Russellville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Ben Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Glover</u>		14. NAME OF HUSBAND OR WIFE <u>J.D.F. ENLOE Russellville</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Endor Russellville Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Incompetency, Incapacity</u> ANTECEDENT CAUSES DUE TO (b) <u>pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>7 1/2 yrs</u> <u>4 1/2 X</u> <u>3 yrs</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Feb 29, 1948</u> , to <u>Jan 17, 1951</u> , that I last saw the deceased alive on <u>Jan 17, 1951</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carleton H. Harfield D.O.</u>				23b. ADDRESS <u>Centerton, Missouri</u>		23c. DATE SIGNED <u>1/18/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel CEM</u>		24d. LOCATION (City, town, or property) <u>Russellville Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>January 20-51</u>		REGISTRAR'S SIGNATURE <u>Mr. J. D. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Stephens</u>		ADDRESS <u>Russellville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filled 1-23-51

JAN 23 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 2307

P. O. Address *Russellville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.